## **Application Data Sheet**

# **Application Information**

| Application number::            |                                  |
|---------------------------------|----------------------------------|
| Filing Date::                   | 07/24/03                         |
| Application Type::              | Regular                          |
| Subject Matter::                | Utility                          |
| Suggested classification::      |                                  |
| Suggested Group Art Unit::      |                                  |
| CD-ROM or CD-R??::              |                                  |
| Number of CD disks::            |                                  |
| Number of copies of CDs::       |                                  |
| Sequence Submission::           |                                  |
| Computer Readable Form (CRF)?:: |                                  |
| Number of copies of CRF::       | A STATE OF STATING               |
| Title::                         | AUTOMATIC ADJUSTMENT OF FLOATING |
|                                 | POINT OUTPUT IMAGES              |
| Attorney Docket Number::        | 019680-003500US                  |
| Request for Early Publication:: | No                               |
| Request for Non-Publication::   | Yes                              |
| Suggested Drawing Figure::      | 8                                |
| Total Drawing Sheets::          | 9                                |
| Small Entity?::                 | No                               |
| Latin name::                    |                                  |
| Variety denomination name::     |                                  |
| Petition included?::            | No                               |
| Petition Type::                 |                                  |
| Licensed US Govt. Agency::      |                                  |
| Contract or Grant Numbers One:: |                                  |
| Secrecy Order in Parent Appl.:: | No                               |

Page 1

Initial 7/24/03

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Matthew

Middle Name:: N.

Family Name:: Papakipos

Name Suffix::

City of Residence:: Palo Alto

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 818 Seale Avenue

City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Paul

Middle Name:: D.

Family Name:: MacDougal

Name Suffix::

City of Residence:: Raleigh

State or Province of Residence:: NC

Country of Residence:: US

Street of Mailing Address:: 8400 Lakewood Drive

City of Mailing Address:: Raleigh

State or Province of mailing address:: NC

Country of mailing address:: US

Postal or Zip Code of mailing address:: 27613

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Wayne

Middle Name:: D.

Family Name:: Young

Name Suffix::

City of Residence:: Milpitas

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1071 Sandalwood Lane

City of Mailing Address:: Milpitas

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95035

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### Representative Information

Representative Designation:: Representative Number:: Representative Name::

Primary 37,495 Babak S. Sani

Associate 48,717 Jonathan M. Hollander

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Page 3 Initial 7/24/03

### Foreign Priority Information

| Country:: | Application number:: | Filing Date:: |
|-----------|----------------------|---------------|
|           |                      |               |

## **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::